CALIFORNIA STATE UNIVERSITY, LOS ANGELES

College of Engineering, Computer Science and Technology

Department of Technology

COURSE OVERLAP/OVERRIDE PETITION

Term: ☐ **Fall** ☐ **Winter** ☐ **Spring** ☐ **Summer** **Year:** _____

CIN: _____

Last Name: _____ First Name: _____

Is requesting permission to register for the following two courses that overlap.

1) _____ 2) _____

Department and Course # Department and Course #

_____ _____

Day and Time Day and Time

_____ _____

Professor's Signature Professor's Signature

Student will make up time/work by completing the following:

_____

_____

_____

_____

_____ _____

Chair's Signature Date

_____ _____

Associate Dean's Signature Date

After obtaining all signatures, please submit this form to Administration Building, Rm. 409
Submit a copy to your department office.